

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
Fee Record Sheet

02/14/2002 HLE333 00000021 500815 10072047

01 FC:201 370.00 CH  
02 FC:203 54.00 CH

PTO-1556  
(5/87)

\*U.S. GPO: 2000-468-987/39595

Please type a plus sign (+) inside this box →

2-11-02

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

Approved for use through 12-31-2007  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>UCSF-127CON</b> First Inventor <b>COX, DAVID R.</b> Title <b>MISMATCH REPAIR DETECTION</b> Express Mail Label No. <b>EL 923 483 337 US</b>							
<b>APPLICATION ELEMENTS</b> <small>SEE MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231							
<small>1261 100-127CON PTO JC919 10/01/2001</small>									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.  <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification  <small>(preferred arrangement set forth below)</small></p> <p style="margin-left: 20px;">-Descriptive title of the invention  -Cross Reference to Related Applications  -Statement Regarding Fed sponsored R &amp; D  -Reference to sequence listing, a table, or a computer program listing appendix  -Background of the Invention  -Brief Summary of the Invention  -Brief Description of the Drawings (<i>if filed</i>)  -Detailed Description  -Claim(s)  -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)      [Total Pages: <u>1</u>]</p> <p>5. Oath or Declaration      [Total Pages: <u>  </u>]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)  b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))  <small>(for continuation/divisional with Box 18 completed)</small></p> <p>i. <input checked="" type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s)          Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission  <small><i>if applicable, all necessary</i></small></p> <p>a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p style="margin-left: 20px;">i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies); or  ii. <input checked="" type="checkbox"/> paper</p> <p>c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p>									
<b>ACCOMPANYING APPLICATION PARTS</b>									
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement  <small>(when there is an assignee)</small>      <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)      <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>									
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input checked="" type="checkbox"/> Continuation      <input type="checkbox"/> Divisional      <input type="checkbox"/> Continuation-in-part (CIP)      of prior application No.: <b>09/271,055</b></p>									
<p><i>Prior application information:</i>      Examiner: <b>Jeffrey Norman Fredman</b>      Group Art Unit: <b>1655</b></p> <p><i>For CONTINUATION OR DIVISIONAL APPS only:</i> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>									
<p>19. CORRESPONDENCE ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label         </td> <td style="width: 40%; padding: 5px; text-align: center;">   <small>Insert Customer Number or Bar Code Label here</small> </td> <td style="width: 30%; padding: 5px;"> <input type="checkbox"/> Correspondence address below         </td> </tr> <tr> <td colspan="3" style="padding: 5px;">           Name: <b>Pamela J. Sherwood</b>  <b>BOZICEVIC, FIELD &amp; FRANCIS LLP</b>            Address: <b>200 Middlefield Road, Suite 200</b>            City: <b>Menlo Park</b>      State: <b>California</b>      Zip Code: <b>94025</b>            Country: <b>U.S.A.</b>      Telephone: <b>(650) 327-3400</b>      Fax: <b>(650) 327-3231</b>            Name: <b>Pamela J. Sherwood</b>      Registration No. (Attorney/Agent): <b>36,677</b>            Signature: <i>Pamela J. Sherwood</i>      Date: <b>February 8, 2002</b> </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 <small>Insert Customer Number or Bar Code Label here</small>	<input type="checkbox"/> Correspondence address below	Name: <b>Pamela J. Sherwood</b> <b>BOZICEVIC, FIELD &amp; FRANCIS LLP</b> Address: <b>200 Middlefield Road, Suite 200</b> City: <b>Menlo Park</b> State: <b>California</b> Zip Code: <b>94025</b> Country: <b>U.S.A.</b> Telephone: <b>(650) 327-3400</b> Fax: <b>(650) 327-3231</b> Name: <b>Pamela J. Sherwood</b> Registration No. (Attorney/Agent): <b>36,677</b> Signature: <i>Pamela J. Sherwood</i> Date: <b>February 8, 2002</b>		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 <small>Insert Customer Number or Bar Code Label here</small>	<input type="checkbox"/> Correspondence address below							
Name: <b>Pamela J. Sherwood</b> <b>BOZICEVIC, FIELD &amp; FRANCIS LLP</b> Address: <b>200 Middlefield Road, Suite 200</b> City: <b>Menlo Park</b> State: <b>California</b> Zip Code: <b>94025</b> Country: <b>U.S.A.</b> Telephone: <b>(650) 327-3400</b> Fax: <b>(650) 327-3231</b> Name: <b>Pamela J. Sherwood</b> Registration No. (Attorney/Agent): <b>36,677</b> Signature: <i>Pamela J. Sherwood</i> Date: <b>February 8, 2002</b>									

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 504.00)

## Complete if Known

Application Number	Unassigned
Filing Date	Herewith (02-08-2002)
First Named Inventor	COX, DAVID R.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	UCSF-127CON

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:  
 Deposit Account Number 50-0815  
 Deposit Account Name Bozicevic, Field & Francis LLP  
 Charge Any Additional Fee Required  
 Under 37 CFR 1.16 and 1.17  
 Applicant Claims small entity status.  
 See 37 CFR 1.27

2.  Payment Enclosed: Check  Credit Card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge – late filing fee or oath	
127	50	227	25 Surcharge – late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examination action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
116	400	216	200 Extension for reply within second month	
117	920	217	460 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive – unavoidable	
141	1,280	241	640 Petition to revive – unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	126	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	80.00
146	740	246	370 For each additional invention to be examined (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

## 1. EXTRA CLAIM FEES

Extra Claims	Fee from below 9 = 54.00	Fee Paid
Total Claims 26-20** = 6 x 9 = 54.00		
Indep. Claims 3-3** = x =		

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$ 54.00		

\*\*or number previously paid, if greater; For Reissues, see above.

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 80.00)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Pamela J. Sherwood	Registration No. (Attorney/Agent)	36,677	Telephone	(650) 327-3400
Signature				Date	02/08/2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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